

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013034	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 04/11/2014
NAME OF PROVIDER OR SUPPLIER MORNINGSIDE OF COLLEGE PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 8810 COLBY BLVD INDIANAPOLIS, IN 46268		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for the Post Survey Revisit (PSR) to the Initial State Residential Certification survey and the PSR to the investigation of complaint IN00145149 completed on February 28, 2014.</p> <p>Survey Dates: April 10, 11 2014</p> <p>Facility Number: 013034 Provider Number: 013034 AIM Number: NA</p> <p>Survey Team Mary Jane G. Fischer RN</p> <p>Census bed type: Residential: 5 Total: 5</p> <p>Census Payor type: Other: 5 Total: 5</p> <p>Sample: 5</p> <p>Morningside of College Park was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the Initial State Residential Survey and the PSR to the Investigation of Complaint IN00145149.</p> <p>Quality Review was completed by Tammy Alley RN on April 16, 2014.</p>	{R 000}		

Indiana State Department of Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE